

# Wisconsin Department of Safety and Professional Services

**Mail To:** P.O. Box 8935  
Madison, WI 53708-8935  
**FAX #:** (608) 261-7083  
**Phone #:** (608) 266-2112

**Ship To:** 1400 E. Washington Avenue  
Madison, WI 53703  
**E-Mail:** [dsps@wisconsin.gov](mailto:dsps@wisconsin.gov)  
**Website:** <http://dsps.wi.gov>

## HEARING AND SPEECH EXAMINING BOARD

### APPLICATION FOR HEARING INSTRUMENT SPECIALIST TEMPORARY TRAINEE PERMIT REQUEST

**APPLICANT: Complete this section and submit directly to your supervisor for completion.**

Last Name	First Name	MI	Former / Maiden Name(s)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

I hereby make application for a temporary trainee permit to sell or fit hearing aids in the following location:

**Agency/Department/Employer:**

**Name of Physical Work Location:**

**Address of Physical Work Location:**  
(number, street, city, zip code)

**Daytime Phone Number:**    -    -

I understand that this trainee permit may entitle me to practice fitting of hearing aids for a period of one (1) year.

I would like to be scheduled to write the Hearing Instrument Specialist examination on:   /   /

**SUPERVISOR: Complete this section and submit directly to DSPS: you may fax/email with facility cover sheet/letter to: (608) 261-7083 or [DSPSCredHearingSpeech@wisconsin.gov](mailto:DSPSCredHearingSpeech@wisconsin.gov).**

**AFFIDAVIT:** I request that a temporary trainee permit to sell or fit hearing aids be issued to the above named individual for practice in the above listed establishment and location. I certify that I hold a valid license to sell or fit hearing aids, that I shall be responsible for his/her direct supervision and training, being physically present as the law requires and that I shall be liable for all negligent acts and omissions of the applicant in the fitting of hearing aids. I understand that the trainee permit will be revoked by the Board upon receipt of my signed statement that I wish to cease supervising such trainee.

**Signature of Supervisor**

**Printed Name of Supervisor**

/   /

**Date**

**Title of Supervisor**

**WI License #:**

**APPLICATION FEES:** Please check applicable box. Make check payable to DSPS and attach to this application.

☐ **Temporary Trainee Permit Fee \$10.00**

**For Receiving Use Only (60)**